

The Commonwealth of Massachusetts

Department of Industrial Accidents

600 Washington Street

Boston, Massachusetts 02111

MITT ROMNEY
Governor
KERRY HEALEY
Lieutenant Governor

JANE C. EDMONDS

Director of Labor and Workforce Development

ANGELO R. BUONOPANE

Commissioner

Office of General Counsel
Worker's Compensation Trust Fund
Mileage Expense Voucher

note: tolls/lunches/car maintenance not allowed
Authorized signature - the person with whom the meeting occured, e.g. health
provider, client, instructor, etc.

Certified Provider	Name of Employee	D/A Board #	Name of Employer	Date Prepared	
		30		mo /da /yr	
Date	Destination/ Explanation	Odometer Begin - End	Mileage	Total	Authorized Signature
					
				1	
			Total Miles		
82			Total Miles		1

Instructions - Fill in all columns as indicated

Last column - authorized signature required from the person form
whom the service was received.

I hereby certify under penalty of perjury

that the above amounts as itemized are true and correct, were incurred by me during necessary travel.	was necessary and auth	orized.
Signed		
Traveler	Approving Authority	Date

I hereby certify that this travel